

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		66500	12-1

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 -+ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1		12		101	
2		13		102	
3		14		103	
4		15		104	
5		16		105	
6		17		106	
7		18		107	
8		19		108	
9		20		109	
10		21		110	
11		22		111	
12		23		112	
13		24		113	
14		25		114	
15		26		115	
16		27		116	
17		28		117	
18		29		118	
19		30		119	
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22		33		122	
23		34		123	
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25		36		125	
26		37		126	
27		38		127	
28		39		128	
29		40		129	
30		41		130	
31		42		131	
32		43		132	
33		44		133	
34		45		134	
35		46		135	
36		47		136	
37		48		137	
38		49		138	
39		50		139	
40				140	
41				141	
42				142	
43				143	
44				144	
45				145	
46				146	
47				147	
48				148	
49				149	
50				150	

If more than 150 claims or 10 actions  
 staple additional sheet here

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